U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L., 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Officer Conly
FEB. 8200
E QUE OF

1. File Number U - 01156

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

12.50

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name William C Burke, Jr.	Name UFCW Local 400				
	Labor Organization File Number 005-511				
P.O. Box, Bldg Room No., if any	P.O. Box, Building and Room Number, if any				
Street 416 St. Lawrence Drive	Street 4301 Garden City Drive				
City Silver Spring	City Landover				
State Maryland ZIP Code + 4 20901	State Maryland ZIP Code + 4 20785				
5. Position in labor organization.					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				

## Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ring docur	nents), has been ex	camined by the signatory and is, to the best of the		
Signed ///Whamifaulis	On	2/5/2006 Date	301-562-1982 Telephone Number		

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Name of Person Filing William Burke, Jr.	File Number U- 01156	
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

9. Business deals with:

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Page One Photography Inc. a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 2441 Linden Lane Silver Spring State Maryland ZIP Code + 4 20901 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. William C. Burke, Jr. is 44% owner of Page One Name Photography, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing City 12.a. Nature of interest held or income received. \$7574.64 State ZIP Code + 4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13 b Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

12.b. Amount.